

1 of 2

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CLAIMS ONLY						Application Number <i>09/927,771</i>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
10.1	/						51					
10.2	/						52					
10.3	/						53					
10.4	/						54					
10.5	/						55					
10.6	/						56					
10.7	/						57					
10.8	/						58					
10.9	/						59					
10.10	/						60					
11.11	/						61					
11.12	/						62					
13							63					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	<b>66</b>						Total Indep					
Total Depend	<b>46</b>						Total Depend					
Total Claims	<b>112</b>						Total Claims					